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PLACE OF BIRTH	ARIZONA	STATE BOARD	OF HEALTH
County of Shea	BUREAU O	F VITAL STATISTICS	State Index No
District of Wildur	ORIGINAL CE	RTIFICATE OF BIRTH	Co. Register No.338
Town of Meaning	-		Local Registrar's No
or City of	(No	St:	Ward)
	7 9	Cooksley	,
FULL NAME OF CHILD	ler James	······	Born YES
If child is not named, make Supplemen	<del></del>		r. ( ) 17
Sex of Male Twin, Triplet or other	and Num in ord of bir	der Legiti-	October 18 191 of (Month) (Day) (Yr.)
Full FATHER W. Co	okely	Full MOTHER Maiden Kate K	Baudino
Residence Miami Cu	youa	Residence Mean	i aryona
Color or Race White Age at la		Color or Race White	Age at last \ / (/ Birthday (Years)
Birthplace California		- , , , , , , , , , , , , , , , , , , ,	ana
Occupation Will M.	an	Occupation	enok
Number of child of this mother/ Number of chi	ldren, of this mother, now living	Were precautions taken again	nst Ophthalmia neonatorum?
CERTIFICATE	OF ATTENDIN	G PHYSICIAN OR MIDW	
I hereby certify that I attended the birti	h of above child; and	that it occurred on 6	18 191 4, at 3 9, M.
*When there is no attending phys cian or midwife, then the householde should make this return.	i-} er }	(Signature) Charle & (Attending phys	Jrvm M. D. ician, midwife, householder.*)
Given or christian name added from	ı a	Dak.	Gran
supplemental report191.	Filed Day 3	Address Address	LOGAL PROJECTIONS
. 638-1018-226	Filed Wur	5 1914 A True Copy BC	LOCAL REGISTRAR

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

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